

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 25 1948MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 32622
Registrar's No. 899

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2335 North Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY ALFRED SHULL3. (b) If veteran,
name war No3. (c) Social Security No.
No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Josephine Shull
6. (c) Age of husband or wife if alive, deceased deceased years
7. Birth date of deceased June 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 27 hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Retired farmer

11. Industry or business

12. Name Alfred Shull
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Smoot
(b) Address 2335 North Kansas, Springfield

17. (a) Burial (b) Date thereof 10-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Cemetery(a) Signature of funeral director Alma Lohmeyer Funeral Home(b) Address Springfield, Missouri

19. (a) 10-16-48 (b) W. H. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2335 North Kansas
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11/31 1948 to 10/7 1948
that I last saw him alive on 10/7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio Renal Vascular
Due to ischemic

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature R. A. [Signature] (M. D. or other)
Address Springfield, Mo. Date signed 10/15/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Julian R. Goodrum

Licensed Embalmer No. *4562*

P. O. Address. *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.